2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 08:00 AM
Secretary of State

DOCUMENT # **F00000007261**

1. Entity Name
2BNATURAL CORPORATION

Principal Place of Business	Mailing Address
8916 - 161ST AVE. NE	8916 - 161ST AVE. NE
REDMOND WA 98052	REDMOND WA 98052

2. Principal Place of Business	3. Mailing Address
15940 REDMOND WAY	15940 REDMOND WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: REDMOND WA	City & State: REDMOND WA
Zip: 98052 Country:	Zip: 98052 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: **91-1881493** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL
33324 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ 07/25/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLAN TIMOTHY J 8916 - 161ST AVE. NE REDMOND WA 98052	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOLAN TIMOTHY J 15940 REDMOND WAY REDMOND WA 98052	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SOUTH DEAN 8916 - 161ST AVE. NE REDMOND WA 98052	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SOUTH DEAN 15940 REDMOND WAY REDMOND WA 98052	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT BRENDA 8916 - 161ST AVE. NE REDMOND WA 98052	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENNETT BRENDA 15940 REDMOND WAY REDMOND WA 98052	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD BROWN CHARLES D 8916 - 161ST AVE. NE REDMOND WA 98052	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CSD BROWN CHARLES D 15940 REDMOND WAY REDMOND WA 98052	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES D. BROWN CSD 07/25/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #